

## HIV Testing Survey (HITS)

During 2000, the Kansas HIV/STD Surveillance Program conducted a survey in conjunction with the Centers for Disease Control and Kansas State University. The Principal Investigator was Farrell Webb, PhD and the Project Manager was Todd A. Wells, M.S. IRB approval was obtained. Preliminary results are now available and the complete report will soon be published. HITS was conducted to assess concerns regarding the impact of HIV confidential reporting on individual beliefs and behaviors surrounding HIV testing. The survey has been performed in many other states prior to Kansas.

The survey asked a series of questions regarding information on alcohol and drug use patterns and sexual behavior and practices. The study population consisted of three groups of individuals from populations behaviorally at risk for contracting HIV. These were Men who have sex with men (MSM), Injection Drug Users (IDU) and high-risk heterosexuals (HET)--defined for the purpose of this investigation--as those individuals who are seeking treatment for a possible sexually transmitted disease. The primary locations involved bars, street locations and sexually transmitted disease clinics. There were 306 interviews, including 226 people who had previously been tested and those who had never been tested (80). Out of this group, 9 people indicated they had tested positive. HIV testing was not offered as part of this survey. The following data is from the preliminary report.

- 85.9% had been tested for HIV
- 73.5% of those tested knew their results
- The most important reason for testing was because the respondent "wanted to know where they stood (56.4%.)"
- 40.2% believed that the state of Kansas reported their name to the federal government. **(This is NOT the case and NO identifying information is sent to the Federal Government)**
- 35% did not think their information was sent to the Federal Government and 24.2% did not know.
- Fear of having one's name reported to the government did not show up as a major deterrent to getting HIV tested for the previously tested group or the previously untested group.

- Most people were unaware of the HIV test reporting procedures used in Kansas
- At least one-half (53.6%) of respondents felt they were still as concerned about HIV as they were five years ago.
- 41.3% of all respondents have ever received literature about HIV Prevention
- Over one-half of all respondents reported having received free condoms as a prevention method.

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## Hepatitis C Testing

*Effective October 1, 2001, HIV prevention counseling and testing sites that test injection drug users (risk code 12 and the 20 series of codes and risk code 42) will be able to request a hepatitis C test from the Division of Health and Environment Laboratory.*

The hepatitis C test is available for any person who identifies as one of these selected codes. An additional tube of blood is not necessary as long as there is a full test tube of blood (10 cc) in the HIV test sample.

HIV negative injection drug users had a 45% positive rate for hepatitis C in a blinded study by the state laboratory.

Hepatitis C testing through the state lab is available at this time only for persons who do identify as injection drug users. The hepatitis C test is optional, but recommended for all clients who test for HIV that are injection drug users. The lab will reject the request for hepatitis C testing on persons not identifying with the above risk codes. At the present time the hepatitis C tests will be run about twice a week. HIV tests are run three times a week. The testing will probably not occur on the same days and the results will be sent separately.

You might want to consider an addition to your informed consent form for the HIV test to indicate that the client also requests the hepatitis C test. Referrals of hepatitis C positives to the medical community is appropriate.

If you have any questions about hepatitis C testing, please call Art Turner at (785) 296-5588.